



Site Assessment CERCLIS & WasteLAN Data Entry Form  
EPA Region III – Brownfields & Site Assessment Section (3HS34)

see reverse side  
for instructions

Site Name: CAROL CABLE CO.  
WasteLAN ID#: 03 DSN: PA-2851 EPA ID#: PA0004374955

Site-Level Data

☒ Edit CERCLIS/WasteLAN Identifying Information (Site Name, Address, City, County, County ID, State, Zip Code)

Explain: Please Edit the Pa001 event qualifier by removing the "D" & replacing it with a "N" qualifier

☐ Non-NPL Status (to override system-generated value): \_\_\_\_\_

☐ Site Merge: Merge into this site: Name: \_\_\_\_\_ ID#: \_\_\_\_\_

☐ Archiving: It has been determined that no further Federal Superfund interest exists at this site based on available information. No further site assessment, remedial, removal, enforcement, cost recovery, or oversight activities are being planned or conducted at this time.

☒ RCRA Deferral Audit Special Initiative: ☐ Lead Confirmed ☒ New Decision ☐ Further Superfund Assessment

☐ Vermiculite Special Initiative

Action-Level Data

| ACTION (mark one or more)                                       | LEAD   | START DATE | COMPL. DATE | QUALIFIER                |
|---|--------|------------|-------------|--------------------------|
| <input type="checkbox"/> b Pre-CERCLIS Screening Assessm't (HX) |        |            | / /         |                          |
| <input type="checkbox"/> d Site Discovery (DS)                  | F EP S |            | / /         |                          |
| <input type="checkbox"/> f Preliminary Assessment (PA)          | F EP S | / /        | / /         | H L N D DN A F W         |
| <input type="checkbox"/> h Site Inspection (SI)                 | F EP S | / /        | / /         | H L N D DN A F W         |
| <input type="checkbox"/> j Site Inspection Prioritization (SIP) | F EP S | / /        | / /         | H L N D DN A F W         |
| <input type="checkbox"/> k Site Reassessment (SR)               | F EP S | / /        | / /         | H L N D DN A F W         |
| <input type="checkbox"/> l Expanded Site Inspection (ES)        | F EP S | / /        | / /         | G L N D DN A F W         |
| <input type="checkbox"/> g Federal Facility PA Review (RX)      | F EP S | / /        | / /         | H L N D DN A             |
| <input type="checkbox"/> m Federal Facility SI Review (TY)      | F EP S | / /        | / /         | H L N D DN A             |
| <input type="checkbox"/> n Federal Facility ESI Review (TZ)     | F EP S | / /        | / /         | G L N D DN A             |
| subaction (g/m/n): Returned to Fed. Facility                    |        |            | / /         |                          |
| <input type="checkbox"/> o Integrated ESI/RI (ESI/RI)           | F EP S | / /        | / /         | G L N D DN A F W         |
| <input type="checkbox"/> q Hazard Ranking System Pkg (HR)       | F EP S | / /        | / /         | O N D DN F W             |
| <input type="checkbox"/> r Integrated Assessment (EA)           | F EP S | / /        | / /         | H G L N D DN A F W       |
| <input type="checkbox"/> p State Deferral (AQ)                  | SD     | / /        | / /         | RS RT                    |
| <input type="checkbox"/> t Other Cleanup Activity (VA)          |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Comprehensive Site Investigation       |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Remedy Selection                       |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Design                                 |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Construction                           |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Post-Construction Maintenance          |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Short Term Cleanup                     |        | / /        | / /         | H L (or may leave blank) |
| <input type="checkbox"/> Comfort/Status Letter                  | FE     | / /        | / /         |                          |

type: ☐ No Previous Federal SF Interest ☐ No Current Federal SF Interest ☐ Federal Interest ☐ State Action

Authorization (SAM) Signature & Date

Data Control Clerk Signature & Date

Date Quality Coord. Signature & Date

# REMEDIAL SITE ASSESSMENT DECISION - EPA REGION 3

Site Name: Carol Cable Co

EPA ID#: PAD004374955

DSN: PA-

Alias Site Names: \_\_\_\_\_

City: ALTOONA

County: BLAIR Co

State: PA

Refer to Report Dated: \_\_\_\_\_

Report type: \_\_\_\_\_

Report developed by: \_\_\_\_\_

## DECISION:

|| 1. Further Remedial Site Assessment under CERCLA (Superfund) is not required because:

|| 1a. Site does not qualify for further remedial site assessment under CERCLA  
(No Further Remedial Action Planned – NFRAP)

|| 1b. Site may qualify for further action, but is deferred to: || RCRA  
|| NRC

|| 2. Further Assessment Needed Under CERCLA:

2a. (optional) Priority: || Higher || Lower

2b. Activity || PA || ESI || Other: \_\_\_\_\_  
Type: || SI || HRS evaluation

## DISCUSSION/RATIONALE:

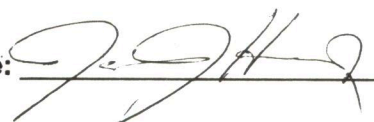
Carol Cable Co.'s 4-acre car assembly part that include battery cables, ignition wires, jumper cables and etc. Carol Cable waste includes waste solvents, lead exhaust, and aerosol (PAD004374955; ALTOONA, BLAIR). Carol Cable are six (6) onsite monitor wells. Previous owners removed 3000 gallon 5000 gallon 10,000 gallon underground tanks. Carol Cable is within the Mill Run Stream's drainage area.

I have reviewed the Chris Bialecki's June 18, 1991 decision. Based on the 1991 Pro-score (7.64; gw-2.52; sw-8.74; air-11.11; soil-5.20), only potential release concerns and the 1989 site conditions, EPA decided on the No Further Remedial /Response Action Planned qualifier.

Report Reviewed/Approved  
and Site Decision Made By:

James J. Hargett Jr  
Site Assessment Manager

Signature: \_\_\_\_\_



Date:  
09/06/00





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES

BUREAU OF WATER QUALITY MANAGEMENT

Harrisburg Regional Office

One Ararat Boulevard

Harrisburg, Pennsylvania 17110

(717) 657-4590

July 12, 1990

(Red)  
ORIGINAL

File Legal  
Paper 1.

Victor C. Jacobs, Maintenance Supervisor  
Carol Cable Company, Inc.  
3101 Pleasant Valley Blvd.  
Altoona, PA 16602

Re: Industrial Waste  
NPDES Permit No. PA 0111244  
Altoona City, Blair County

Dear Mr. Jacobs:

This letter is the Department's response to your request for Permit Cancellation dated June 26, 1990. The Department sees no reason not to honor this request since operation has been terminated in such a manner that no violations can reasonably be expected to occur, therefore, the permittee (Carol Cable Company, Inc.) is to be relieved of its obligation under the permit. This action cancels Industrial Waste Permit No. PA 0111244, and the permit should be returned to the Department.

If there are any further questions on this matter, feel free to call me or Mr. Roger Musselman, Chief, Permits and Grants Section at the above number.

Sincerely,

*Roger Musselman*  
for Cedric H. Karper  
Regional Water Quality Manager  
Harrisburg Regional Office

Helen,

Please review and return,  
also I am sending a letter so stating  
we cannot locate permit.

Thank You,  
Victor Jacobs.

**C CAROL CABLEGRAM**

(3) ORIGINAL  
(Red)

SUBJECT: NPDES PERMIT

DATE: JUNE 26, 1990

REFERENCE:

TO: JAMES FLESHER, OPERATIONS CHIEF  
BUREAU OF WATER QUALITY MGT.

FROM: CAROL CABLE CO., INC.  
3101 PLEASANT VALLEY BLVD.  
ALTOONA, PA 16602

MR. FLESHER,

PLEASE BE ADVISED WE NO LONGER HAVE A COOLING TOWER ON OUR  
PROPERTY, THEREFORE OUR PERMIT SHOULD BE REVOKED. I AM ENCLOSING  
A COPY OF NPDES COMPLIANCE INSPECTION REPORT DATED JUNE 25, 1990.

THANK YOU FOR YOUR PROMPT CONSIDERATION IN THIS MATTER.

VICTOR C. JACOBS  
MAINTENANCE SUPERVISOR



(30)

|  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
|--|---|---|---|--|--------|-----------|---|--|---|-----------------|---|---|----|----|---|---|---|---|---|----|----|---|----|---|----|---|
| Department of<br>Environmental Resources   |   | <b>NPDES Compliance Inspection Report</b> |   |  |        |           |   | ORIGINAL<br>Bureau of Water<br>Quality Management  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <b>Section A: National Data System Coding</b>  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Transaction Code   |   | NPDES                                     |   |  |        | Yr/Mo/Day |   | Inspection Type                                    |   | Inspector       |   | Fac Type  |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| 1  | N | 2   | 5 | 3  | P      | A         | 0 | 1  | 1 | 2               | 4 | 4   | 11 | 12 | 9 | 0 | 0 | 0 | 5 | 17 | 18 | R | 19 | S | 20 | 2 |
| <b>Section B: Facility Data</b>  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Name and Location of Facility Inspected  |   |   |   |  |        |           |   |  |   | Entry Time/Date |   | Permit Effective Date   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Carol Cable Company  |   |   |   |  |        |           |   |  |   | 1410            |   | 2/26/87   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| 3101 Pleasant Valley Blvd.   |   |   |   |  |        |           |   |  |   | Exit Time/Date  |   | Permit Expiration Date  |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Municipality   |   |   |   |  | County |           |   |  |   | 1425            |   | 2/26/92   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Altoona  |   |   |   |  | Blair  |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Name, Address of Responsible Official  |   |   |   |  |        |           |   |  |   | Title           |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Carol Cable  |   |   |   |  |        |           |   |  |   | Victor Jacobs   |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| 3101 Pleasant Valley Blvd  |   |   |   |  |        |           |   |  |   | Telephone       |   | Contacted   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Altoona, PA 16602  |   |   |   |  |        |           |   |  |   | 814-944-5002    |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <b>Section C: Areas Evaluated During Inspection</b>  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| (S = Satisfactory, I = Improvement Needed, U = Unsatisfactory, D = Does Not Apply, Blank = Not Evaluated)  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <input checked="" type="checkbox"/> Permit Verification  |   |   |   | <input type="checkbox"/> Flow Measurement        |        |           |   | <input type="checkbox"/> Effluent/Receiving Waters |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <input type="checkbox"/> Compliance Schedule   |   |   |   | <input type="checkbox"/> Laboratory/QA           |        |           |   | <input type="checkbox"/> Operation/Maintenance     |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <input type="checkbox"/> Records/Reports   |   |   |   | <input type="checkbox"/> Self-Monitoring Program |        |           |   | <input type="checkbox"/> Pretreatment              |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <input type="checkbox"/> Other (Specify):  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <b>Section D: Summary of Violations/Recommendations/Comments (Attach additional sheets if necessary)</b>   |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| VIOLATIONS:  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Comments: Cooling Tower has been torn down. There is no longer a cooling water discharge. Recommend contacting Harrisburg Regional Office to revoke NPDES Permit. James Flester, Operations Chief. Harrisburg Regional Office, Bureau of Water Quality Management One Asarat Blvd. Harrisburg, PA 17110  |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Inspector Name   |   |   |   | Inspector Signature                              |        |           |   | Title  |   | Date            |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| James Baird  |   |   |   | James Baird                                      |        |           |   | WQS  |   | 6/25/90         |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Name of Person Interviewed   |   |   |   | Signature of Person Interviewed                  |        |           |   | Title  |   | Date            |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| Victor Jacobs  |   |   |   | [Signature]                                      |        |           |   | Plant Maint.                                       |   | 6-25-90         |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
|  |   |   |   |  |        |           |   | Mgt  |   | 814-944-5002    |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |
| <p>This document is official notification that a representative of the Department of Environmental Resources, Bureau of Water Quality Management, inspected the above facility. The findings of this inspection are shown above and on any attached pages.</p> <p>Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses of the discharge and review of Department records. Notification will be forthcoming, if such violations are noted.</p> |   |   |   |  |        |           |   |  |   |                 |   |   |    |    |   |   |   |   |   |    |    |   |    |   |    |   |

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
HARRISBURG REGIONAL OFFICE  
BUREAU OF AIR QUALITY CONTROL

ORIGINAL  
(Red)

PLAN APPROVAL

**AIR TOXICS**

Approval No: 07-308-004

Source & Air

Cleaning Device: Lead Casting Operations

Owner: Carol Cable Company, Inc.

Controlled by a Fabric Collector

Address: 3101 Pleasant Valley Boulevard

(Torit Donaldson Company)

Altoona, PA 16603

Attention: Mr. Francis Mathieu

Location:

Corporate Safety Director

City of Altoona

Blair County

In accordance with provisions of the Air Pollution Control Act, the Act of January 8, 1960, P.L. 2119, as amended, and with Chapter 127 of the Rules and Regulations of the Department of Environmental Resources, the Department on JAN 03 1990 approved plans for the construction of the above indicated air contamination source.

This PLAN APPROVAL expires March 31, 1991.

The plan approved is subject to the following conditions:

1. The lead casting operations and associated fabric collector are to be installed in accordance with the plans submitted with the application (as herein approved).
2. This plan approval shall also serve as a temporary operating permit in accordance with the provisions of 25 PA Code 127.23. This temporary operating permit is valid for 180 days from completion of construction (modification, reactivation, or installation of control equipment) to allow for startup and debugging of the source and/or control equipment, provided that notification of completion of construction is given to the Department within five (5) working days of the completion date. Should a period longer than 180 days be needed, a separate temporary operating permit renewal shall be obtained.

Notify the person noted below when the installation is completed so that the source can be inspected for issuance of an OPERATING PERMIT.

NOTE: Mr. Richard D. Roller  
Air Pollution Control Engineer  
One Ararat Boulevard  
Harrisburg, PA 17110  
(717) 657-4587

**COPY**

Regional Air Pollution Control Engineer



ORIGINAL  
(Red)

ORIGINAL  
(Red)

HAZARDOUS WASTE DATA MANAGEMENT SYSTEM  
MAINTENANCE FORM FOR NOTIFICATION

EPA-ID #

PA0004374955

Date:

12/1/89

FACILITY NAME

The Lips JCB Inc a North American Co.

New Facility Name

Carol Cable Company

Contact Person/Position

(Last,

First, M)

Title

Tel No

MAILING  
ADDRESS

Street

3101 Pleasant Valley Blvd.

City

Atlanta

State

Ga

Zip

16603

LOCATION  
ADDRESS

Street

City

State

Zip

County Name

County Code

Owner Name

Carol Cable Co.  
Inc.

Operator Name

Activity Code

--- Gen --- Tr --- Ted  
--- 5. Market or Burn HWF  
--- A. Gen Mark to Burn  
--- B. Other Marketer  
--- C. Burner

Used Oil Fuel Activities

--- 6. Off-Spec Used Oil Fuel  
--- A. Gen Mark to Burn  
--- B. Other Marketer  
--- C. Burner  
--- 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device

--- Utility Boiler --- Ind. Boiler --- Ind. Furnace

Mode of Transportation (Transporters Only)

--- Air --- Rail --- Highway --- Water --- Other

Maintenance Screens

Existing  
Waste  
Code

W1 Card

New  
Waste  
Code

F2 Card

Non-Reg Ind (c103)

F005  
D001





ORIGINAL  
(Red)

16

October 18, 1989

U.S. EPA Region III  
Waste Management Branch  
MS 3AW 34  
841 Chestnut Street  
Philadelphia, PA 19107

RE: Carol Cable Company  
3101 Pleasant Valley Blvd  
Altoona, PA 16803  
EPA ID Number

Dear Sir,

Attached please find our notification of Hazardous Waste Activity for the above referenced facility.

I am also enclosing a copy of the Supplement to U.S. EPA Notification of Hazardous Waste Activity Form (EPA Form 8700-12) which we have forwarded to the Pennsylvania Department of Environmental Resources under separate cover.

We thank you in advance for your cooperation.

Sincerely,

CAROL CABLE COMPANY

Francis Mathieu

Corporate Safety Director

FM/mcl

cc: H. Stern

H. Berry

F. Flaxington

CONDUIT • AIRPORT LIGHTING CABLE • CORDSETS • BATTERY AND  
LIGHTING FIXTURE PARTS • DECORATOR BULBS

THERMOSTAT & FIXTURE WIRE MTW, THHN • LIQUID  
THERMOSTATS, TERMINALS, HOSE CLAMPS, L

PORTABLE CORD • WELDING, W & G AND CONTROL CABLE • ELECTRONIC  
BOOSTER CABLES • SPARK PLUG WIRE SETS • START

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88  
GSA No. 0246-EPA-01



# Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C  
C

Installation's EPA ID Number

Approved

Date Received  
mo. day

OCT 25 1989

C  
F

T/A C  
1

## I. Name of Installation

C A R O L C A B L E C O M P A N Y I N C

## II. Installation Mailing Address

Street or P.O. Box

C

3 3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

C

4 A L T O O N A

P A

1 6 6 0 3

## III. Location of Installation

Street or Route Number

C

5 3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

C

6 A L T O O N A

P A

1 6 6 0 3

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2 B E R R Y H E L E N P L T M G R

8 1 4 9 4 4 5 0 0 2

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

3 C A R O L C A B L E C O I N C

P

## I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.  
☐ 2. Transporter  
☐ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner

### B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner  
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

## VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

## VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

## IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

P A D 0 0 4 3 7 4 9 5 5



## ID — For Official Use Only

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |   |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | T/A | C |
| W |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     | 1 |

**X. Description of Hazardous Wastes** *(continued from front)*

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

|         |         |   |    |    |    |
|---------|---------|---|----|----|----|
| 1       | 2       | 3 | 4  | 5  | 6  |
| F 0 0 5 | D 0 0 1 |   |    |    |    |
| 7       | 8       | 9 | 10 | 11 | 12 |
|         |         |   |    |    |    |

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
|    |    |    |    |    |    |
| 19 | 20 | 21 | 22 | 23 | 24 |
|    |    |    |    |    |    |
| 25 | 26 | 27 | 28 | 29 | 30 |
|    |    |    |    |    |    |

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
|    |    |    |    |    |    |
| 37 | 38 | 39 | 40 | 41 | 42 |
|    |    |    |    |    |    |
| 43 | 44 | 45 | 46 | 47 | 48 |
|    |    |    |    |    |    |

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|    |    |    |    |    |    |

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 *CFR* Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

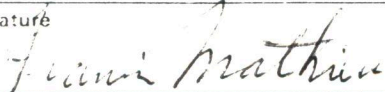
☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)
**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature



Name and Official Title (type or print)

 Francis Mathieu  
Corporate Safety Director

Date Signed

10/17/89



## SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

I. Installation's EPA I.D. Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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II. Name of Installation Carol Cable Company, Inc.III. Location of Installation 3101 Pleasant Valley BoulevardAltoona, PA 16603

Municipality (Township, Borough, City)

Blair

County

IV. IRS Employer Identification Number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 5 | - | 0 | 3 | 9 | 3 | 1 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|---|

V. SIC Codes (four-digit number in order of priority)

|   |   |   |   |
|---|---|---|---|
| 3 | 6 | 9 | 4 |
|---|---|---|---|

Specify: Electrical equipment  
for internal combustion  
engines.

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Specify: \_\_\_\_\_

|  |  |  |  |
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Specify: \_\_\_\_\_

|  |  |  |  |
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|  |  |  |  |
|--|--|--|--|

Specify: \_\_\_\_\_

VI. Type of Hazardous Waste Activity

- ☐ 1. Treater  
☒ 2. Storer  
☒ 3. Disposer  
☐ 4. Reuse, Recycle, Reclaim  
☐ 5. Permit by Rule

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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B. UIC (Underground injection of fluids)

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C. RCRA (Hazardous Waste)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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D. PSD (Air Emissions from Proposed Sources)

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E. Municipal Waste (As defined in Act 97)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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F. Residual Waste (As defined in Act 97)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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G. Permit by Rule

Name of POTW \_\_\_\_\_

POTW NPDES Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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H. Other

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(Specify) \_\_\_\_\_

Hazardous Waste Inspection Report  
Generators - Part A

34

ORIGINAL  
(Red)

Date of inspection 7/25/89 Time start 1:15 Time finish 2:30  
Name of inspector Michael Union  
Company, installation name Phillips ECG Inc.  
Location 3101 Pleasant Valley Blvd.  
County Blair Municipality Altoona  
Identification number PAD004374955  
Name of responsible official Robert Tsacke  
Title Plant Mgr.  
Mailing address N/A  
Area code and telephone number N/A  
Name of person interviewed N/A  
Title N/A  
Mailing address (if different from above) N/A  
Area code and telephone number N/A

1. Current waste handling method:

- |                                      |                                     |                                   |                                   |                                  |
|--------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| a. <input type="checkbox"/> On-site  | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal | <input type="checkbox"/> PBR     |
| b. <input type="checkbox"/> On-site  | <input type="checkbox"/> use,       | <input type="checkbox"/> reuse,   | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
| c. <input type="checkbox"/> Off-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal |                                  |
| d. <input type="checkbox"/> Off-site | <input type="checkbox"/> use,       | <input type="checkbox"/> reuse,   | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

2. Amount of hazardous waste produced:

- a. N/A kg./mo.  
b. \_\_\_\_\_ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

| Waste Number | Destination Facility | Location and Type |
|--------------|----------------------|-------------------|
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |
|              |                      |                   |

R.O. thru Frank Fair  
c+m Cont. Office  
EPA Region III  
~~Altoona Office thru Jeff Spatz~~



**ORIGINAL**  
**(Red)**

[illegible]



Hazardous Waste Inspection Report  
Comments - Part C

Date of Inspection 7/25/89 Identification Number PAD 004374 955  
Company, Installation Name Phillips ECG Inc.  
County Blair Municipality Altoona

This facility was inspected as a H.W. Generator through 1984.

A 1986 inspection revealed Phillips to appear to be a Small Quantity Generator, and a Form 53 was filed with the Dept. to request a change in status (see attachments).

Sometime in 1987-88 Phillips moved from the area and vacated the facility.

I cannot locate anyone from Phillips. No closure inspection was done. The old Phillips plant is now occupied by a company called Carol Cable.

*This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.*

Person Interviewed (signature) N/A Date \_\_\_\_\_  
Inspector (signature) Michael B. Union Date 7/25/89

FY 1989 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

ORIGINAL  
(Red)

EPA ID: PA101041317141915151

4. Data Entry

HANDLER NAME: Phillips ECG Inc.

New ☒  
Update ☐

ADDRESS: 3101 Logan Blvd., Altoona, Pa. 16602

DATE OF INITIAL EVALUATION WHICH IS  
THE BASIS FOR THIS REPORT:

2/25/89

5a. AGENCY RESPONSIBLE FOR

EVALUATION:

Put code in box

5

E = EPA

S = State

C = Contractor/EPA

O = Other

B = Contractor/State

X = Oversight

TYPE OF EVALUATION COVERED

BY THIS REPORT:

Select Evaluation Type and insert in box:

1

1 = Compliance Eval. Inspection (CEI) 4 = Comp GWM Eval (CME)

2 = Sampling Inspection

5 = Compliance Sched. Eval

3 = Record Review

11 = Case Dev. Inspection

12 = GWM Inspection

13 = CA Oversight Insp.

DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): 1/1/

Eval. Comments: this facility has closed and moved from the area

and VIOLATIONS

Violations, no Specialties

Violations & Specialty

Same Viol./Specialty

Pending determination

No Viol or Specialty found

Specialties

= No-insurance only

= CA Schedule Violation

= HPV

= Class I only

| Class of Violation | Violations |      |          |       |            |          |          |       |
|--------------------|------------|------|----------|-------|------------|----------|----------|-------|
|                    | GWM        | C/PC | Fin. Res | Pt. B | Compl. Sch | Manifest | Land-Ban | Other |
| I                  |            |      |          |       |            |          |          |       |
| II                 |            |      |          |       |            |          |          |       |
| Acceptable Codes   |            |      |          |       |            |          |          |       |
|                    | X          | X    | X        | X     | X          | X        | X        | X     |
|                    | S          | S    | S        | S     | S          | S        | S        | S     |
|                    | Z          | Z    | Z        | Z     | Z          | Z        | Z        | Z     |
|                    | O          | O    | O        | O     | O          | O        | O        | O     |
|                    | H          | H    | I*       | H     | C          | H        | H        | H     |
|                    |            |      | B*       |       | B          |          |          |       |
|                    |            |      | H        |       | H          |          |          |       |

Comments:

ENFORCEMENT ACTIONS:

| Class | Area of Viol./rel. | Type (use code) | Date Action |           |        | Compliance Dates |        | Penalty  |           | Resp. Ag. (use code) |
|-------|--------------------|-----------------|-------------|-----------|--------|------------------|--------|----------|-----------|----------------------|
|       |                    |                 | Taken       | Scheduled | Actual | Scheduled        | Actual | Assessed | Collected |                      |
|       |                    |                 |             |           |        |                  |        |          |           |                      |
|       |                    |                 |             |           |        |                  |        |          |           |                      |

Codes for 03 = Warning Letter

Types of 04 = Admin. Complaint

Enforcement 05 = Final Admin. Order

Actions: 10 = Informal

11 = Filed Civil Action

12 = Filed Criminal Action

18 = Civil Referral to AG/DOJ

19 = Final Judicial Order

15 = CA Init. Admin Order

16 = CA Final Admin Order

21 = Notice of Non-comp.

22 = FFCA

23 = Fed. Fac. Referral to HQ

Resp Agcy Codes

E = EPA

S = State

X = EPA Oversight

Enforc. Comment:

ORIGINAL  
(Red)

# Philips ECG

Philips ECG, Inc.  
3701 Eisenhower Valley Road  
Altoona, PA 16801  
(412) 938-1121

March 28, 1985

PENNA. DEPT. OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
P.O. Box 2063  
Harrisburg, PA 17210

The enclosed "Notification of Hazardous Waste Activity" is to inform you that we at the Philips ECG, Inc. Plant in Altoona, PA wish to make a deletion to Section VIII.

This deletion is G (Reuse, recycle, reclaim) and involves waste ethyl alcohol, classified as D001. In the past, we have been collecting this waste in an underground tank (3,000 gallon) and subsequently transporting it by American Products Co. to Kempton, PA for eventual recycling and reclamation.

We are no longer generating this waste and plan to eliminate the tank.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas  
Project Engineer

100-41557



Mark

ORIGINAL  
(Red)

# Philips ECG

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16603  
(814) 943-1126

April 9, 1986

Penna. Dept. of Environmental Resources  
Bureau of Solid Waste Management  
P.O. Box 2063  
Harrisburg, PA 17210

The enclosed "Notification of Hazardous Waste Activity" is to notify you that we are no longer generating 1000 kilograms per month of hazardous waste. Our monthly average for all of 1985 was 278 Kg.

Since we see no increase for 1986, we now qualify as a Small Quantity Hazardous Waste Generator.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas  
Project Engineer

CC: Mark S. Embeck

m1

RECEIVED  
APR 11 1986  
DEPT. OF ENVIRONMENTAL RESOURCES  
HARRISBURG, PA

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SWM-53: Rev. 3/82

*File*  
*Copy*  
*ORIGINAL*  
*Altoona*

INSTALLATION'S EPA I.D. NUMBER

A D 0 0 4 3 7 4 9 5 5

NAME OF INSTALLATION

PHILIPS ECG, INC.

I INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleas. Valley Blvd.,

CITY OR TOWN

Altoona

ST.

ZIP CODE

P A

16602

V LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

MUNICIPALITY

CITY OF ALTOONA

07001

CITY OR TOWN

ST.

ZIP CODE

COUNTY

BLAIR

V INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

KARAKANTAS, CRIST PROJECT ENGINEER

PHONE NO. (area code & no.)

8 1 4 9 4 3 1 1 2

VI OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

NORTH AMERICAN PHILIPS

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL

M

VII SIC CODES (4-digit in order of priority)

A. FIRST

C. THIRD

1 6 7 1 (specify) ELECTRONIC RECEIVING TUBES

(specify)

B. SECOND

D. FOURTH

(specify)

(specify)

VIII TYPE OF HAZARDOUS WASTE ACTIVITY

☒ A. GENERATION ☐ C. STORE ☐ E. TRANSPORTATION (COMPLETE ITEM IX) ☒ G. REUSE, RECYCLE, RECLAIM  
☐ B. TREAT ☐ D. DISPOSE ☐ F. PERMIT BY RULE ☐ H. OTHER (specify):

IX MODE OF TRANSPORTATION (transporters only)

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

X EXISTING ENVIRONMENTAL PROGRAM PERMITS

A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)

A 0 1 1 1 2 4 4

B. UIC (Underground Injection of Fluids) E. SOLID WASTE

C. RCRA (Hazardous Wastes) F. OTHER (specify)

XI. TYPE OF NOTIFICATION.

Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).

☐ A. FIRST NOTIFICATION ☐ C. DELETION OF A WASTE ☐ E. DELETION OF AN ACTIVITY  
☐ B. CHANGE OF GENERAL INFORMATION ☐ D. ADDITION OF A WASTE ☐ F. ADDITION OF AN ACTIVITY

CONTINUE ON REVERSE



ORIGINAL  
(Red)

## DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|         |         |         |    |    |    |
|---------|---------|---------|----|----|----|
| 1       | 2       | 3       | 4  | 5  | 6  |
| F 0 0 1 | F 0 0 2 | F 0 0 5 |    |    |    |
| 7       | 8       | 9       | 10 | 11 | 12 |
|         |         |         |    |    |    |

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
|    |    |    |    |    |    |
| 19 | 20 | 21 | 22 | 23 | 24 |
|    |    |    |    |    |    |
| 25 | 26 | 27 | 28 | 29 | 30 |
|    |    |    |    |    |    |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
|    |    |    |    |    |    |
| 37 | 38 | 39 | 40 | 41 | 42 |
|    |    |    |    |    |    |
| 43 | 44 | 45 | 46 | 47 | 48 |
|    |    |    |    |    |    |

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☒ 1. IGNITABLE☐ 2. CORROSIVE☐ 3. REACTIVE☒ 4. EP TOXIC

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties to submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)  
ROBERT N. ISACKE  
PLANT MANAGER

DATE SIGNED

3-28-85

FOR OFFICIAL USE ONLY



|  |            |   |   |                                    |  |   |  |
|--|------------|---|---|------------------------------------|--|---|--|
| Department of<br>Environmental Resources   |            | <b>NPDES Compliance Inspection Report</b> |   |                                    |  | Bureau of Water<br>Quality Management<br><i>(Red)</i> |  |
| <b>Section A: National Data System Coding</b>  |            |   |   |                                    |  |   |  |
| Transaction Code   |            | NPDES                                     |   | Yr/Mo/Day                          |  | Inspection Type                                       |  |
| 1 <u>M</u>   | 2 <u>5</u> | 3 <u>P</u>                                | <u>A</u> <u>0</u> <u>1</u> <u>1</u> <u>1</u> <u>2</u> <u>4</u> <u>4</u> | 11                                 | 12 <u>8</u> <u>8</u> <u>1</u> <u>2</u> <u>0</u> <u>9</u> | 17  | 18 <u>R</u>  |
|  |            |   |   |                                    | 19 <u>5</u>  |   | 20 <u>2</u>  |
| <b>Section B: Facility Data</b>  |            |   |   |                                    |  |   |  |
| Name and Location of Facility Inspected  |            |   |   |                                    | Entry Time/Date  |   | Permit Effective Date                                    |
| <u>Phillips ECG, Inc</u>   |            |   |   |                                    | <u>1050 12/9/88</u>                                      |   | <u>2/26/87</u>   |
| <u>3101 Pleasant Valley Blvd</u>   |            |   |   |                                    | Exit Time/Date   |   | Permit Expiration Date                                   |
| Municipality   |            | County                                    |   |                                    | <u>1120 12/9/88</u>                                      |   | <u>2/26/92</u>   |
| <u>Altoona</u>   |            | <u>Blair</u>                              |   |                                    |  |   |  |
| Name, Address of Responsible Official  |            |   |   |                                    | Title  |   |  |
| <u>RN Tsacke, Plt Mgr</u>  |            |   |   |                                    | <u>Plt Mgr</u>   |   |  |
| <u>3101 Pleasant Valley Blvd</u>   |            |   |   |                                    | Telephone  |   | Contacted  |
| <u>Altoona, Pa. 16603</u>  |            |   |   |                                    | <u>814/943-1126</u>                                      |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Section C: Areas Evaluated During Inspection</b>  |            |   |   |                                    |  |   |  |
| (S = Satisfactory, I = Improvement Needed, U = Unsatisfactory, D = Does Not Apply, Blank = Not Evaluated)  |            |   |   |                                    |  |   |  |
| <u>S</u> Permit Verification   |            | Flow Measurement                          |   | <u>S</u> Effluent/Receiving Waters |  |   |  |
| Compliance Schedule  |            | Laboratory/QA                             |   | <u>S</u> Operation/Maintenance     |  |   |  |
| Records/Reports  |            | Self-Monitoring Program                   |   | Pretreatment                       |  |   |  |
| Other (Specify):   |            |   |   |                                    |  |   |  |
| <b>Section D: Summary of Violations/Recommendations/Comments (Attach additional sheets if necessary)</b>   |            |   |   |                                    |  |   |  |
| <u>plant will be closing Dec. 16</u>   |            |   |   |                                    |  |   |  |
| <u>Carol Cable Company is purchasing the plant - are to</u>  |            |   |   |                                    |  |   |  |
| <u>start production Jan. 3</u>   |            |   |   |                                    |  |   |  |
| <u>no discharge from site during inspection - plant has been</u>   |            |   |   |                                    |  |   |  |
| <u>out of production for 5-6 months</u>  |            |   |   |                                    |  |   |  |
| Inspector Name   |            | Inspector Signature                       |   | Title                              |  | Date  |  |
| <u>Alice Kline</u>   |            | <u>Alice Kline</u>                        |   | <u>WQS</u>                         |  | <u>12/9/88</u>  |  |
|  |            |   |   |                                    |  | Telephone   |  |
|  |            |   |   |                                    |  | <u>946-7290</u>                                       |  |
| Name of Person Interviewed   |            | Signature of Person Interviewed           |   | Title                              |  | Date  |  |
|  |            | <u>X J. Beauchamp (Board)</u>             |   | <u>B 12/16</u>                     |  |   |  |
|  |            |   |   |                                    |  | Telephone   |  |
|  |            |   |   |                                    |  |   |  |
| THIS DOCUMENT IS OFFICIAL NOTIFICATION THAT A REPRESENTATIVE OF THE DEPARTMENT OF ENVIRONMENTAL RESOURCES, BUREAU OF WATER QUALITY MANAGEMENT, INSPECTED THE ABOVE FACILITY. THE FINDINGS OF THIS INSPECTION ARE SHOWN ABOVE AND ON ANY ATTACHED PAGES.                              |            |   |   |                                    |  |   |  |
| ANY VIOLATIONS WHICH WERE UNCOVERED DURING THE INSPECTION ARE INDICATED. VIOLATIONS MAY ALSO BE DISCOVERED UPON EXAMINATION OF THE RESULTS OF LABORATORY ANALYSES OF THE DISCHARGE AND REVIEW OF DEPARTMENT RECORDS. NOTIFICATION WILL BE FORTHCOMING, IF SUCH VIOLATIONS ARE NOTED. |            |   |   |                                    |  |   |  |



BUREAU OF WATER QUALITY MANAGEMENT  
Harrisburg Regional Office  
One Ararat Boulevard  
Harrisburg, Pennsylvania 17110  
(717) 657-4590  
June 16, 1988

ORIGINAL  
(Red)

Mr. James W. Conrad  
Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona, PA 16603

Re: NPDES Permit No. 0111244  
Philips ECG, Inc.  
City of Altoona, Blair County

Dear Mr. Conrad:

This correspondence is in reference to your letter dated June 3, 1988 which stated that Philips ECG, Inc., of Altoona will cease production by August 1, 1988.

The Department has decided that as long as operation is terminated in such a manner that no violations can reasonably be expected to occur, and therefore the permitte, will be relieved of his obligation under the permit on August 1, 1988. This action cancels the permit as of August 1, 1988, and the permit should be returned to the Department at this time.

If you should have any further questions on this matter, please feel free to call Mr. John Kerecz or Mr. Edward Corriveau at the above number.

Sincerely,

Leon M. Oberdick  
Regional Water Quality Manager  
Harrisburg Regional Office

LMO:mjs

cc: Edward Corriveau  
John Kerecz  
File ✓  
T

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT

21/

ORIGINAL  
(Red)

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

INDUSTRIAL PERMIT NO. PA 0111244

In compliance with the provisions of the Clean Water Act, 33 U.S.C. Section 1251 et seq. (the "Act") and Pennsylvania's Clean Streams Law, as amended, 35 P.S. Section 691.1 et seq.,

Philips ECG, Inc.  
3101 Pleasant Valley Blvd.  
Altoona, PA 16603

is authorized to discharge from a facility located at  
Altoona City  
Blair County

to receiving waters named Mill Run

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts A, B, and C hereof.

This permit and the authorization to discharge shall expire at midnight,  
FEB 26 1992.

The authority granted by this permit is subject to the following further qualifications:

1. If there is a conflict between the application, its supporting documents and/or amendments and the terms and conditions of this permit, the terms and conditions shall apply.
2. Failure to comply with the terms or conditions of this permit is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.
3. Application for renewal of this permit, or notification of intent to cease discharging by the expiration date, must be submitted to the Department at least 180 days prior to the above expiration date (unless permission has been granted by the Department for submission at a later date), using the appropriate NPDES permit application form. In the event that a timely and complete application for renewal has been submitted and the Department is unable, through no fault of the permittee, to reissue the permit before the above expiration date, the terms and conditions of this permit will be automatically continued and will remain fully effective and enforceable pending the grant or denial of the application for permit renewal.
4. This NPDES permit does not constitute authorization to construct or make modifications to wastewater treatment facilities necessary to meet the terms and conditions of this permit.

PERMIT ISSUED

DATE FEB 26 1987

BY

*Leon M. Oberdick*

Leon M. Oberdick  
Regional Water Quality Manager

TITLE



LAT: 40° 29' 04"  
LONG: 78° 24' 10"

- ## DISCHARGE LIMITATIONS \*

## MONITORING REQUIREMENTS

[illegible]

There shall be no discharge of floating solids or visible foam in other than trace amounts.

Outfall 001

\*Unless otherwise indicated, these are gross discharge limitations.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

841 Chestnut Building  
Philadelphia, Pennsylvania 19107

ORIGINAL  
(Red)

(26)

SUBJECT: Small Quantity Generator Changes  
Via Telephone Requests

DATE: 11/17/86

FROM: Carol Johnson, EPA  
PA Section (3HW33)

TO: File

Thru: Robert E. Greaves, Chief  
PA Section (3HW33)

Re: Philips ECG, Inc.  
Company Name

\_\_\_\_\_  
Contact Person

I.D. No. PAD 004374955

As of December 3, 1986, the status of the above-listed facility  
has been changed from Generator to Small Quantity Generator.

This change was approved via telephone request by Joel Karmazyn,  
Waste Management RCRA Support Section.



# Philips ECG

ORIGINAL  
(Red)

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16603  
(814) 943-1126

May 21, 1986

Edward J. Corriveau, P.E.  
Department of Environmental Resources  
Bureau of Water Quality Management  
One Ararat Boulevard  
Harrisburg, PA 17110

IN RE: NPDES Renewal #PA0111244  
Discharge of Cooling Water  
Altoona  
Blair County

Dear Mr. Corriveau:

The reason that I did not enclose a schematic of the waste treatment plant is because there is none involved. Our discharge is process water most of which comes from circulating around our air compressors and seallex machines. This water runs through pipes and never comes into contact with other materials. It is then piped underground to the Mill Run Stream as shown on the topographical map attached to our application.

As you requested, I am enclosing a schematic of the flow of the water from the point of entry to the outgoing drain.

Should you require more information, please call me at above number.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas  
Project Engineer

*Handwritten initials and signature*

DER -  
WATER QUALITY MANAGEMENT  
MAY 27 1986  
HARRISBURG REGION

ORIGINAL  
(Red)

# PhilipsECG

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16603  
(814) 943-1126

(23)

May 7, 1986

DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT  
HARRISBURG REGIONAL OFFICE  
ONE ARARAT BOULEVARD  
HARRISBURG, PA 17110

Enclosed are three copies of our application for a renewal of our NPDES permit, #PA0111244, for discharging cooling water to the Mill Run Stream. Also enclosed are other required materials and a check for \$500.

Please advise me if any further information is required.

Sincerely yours,

*C. P. Karakantas*

C. P. Karakantas

DER  
WATER QUALITY MANAGEMENT

MAY 8 1986

HARRISBURG REGION



ORIGINAL  
(Red)

# Philips ECG

356  
7606  
Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Allentown PA 16603  
610-243-1126

(15)

April 9, 1986

Penna. Dept. of Environmental Resources  
Bureau of Solid Waste Management  
P.O. Box 2063  
Harrisburg, PA 17210

The enclosed "Notification of Hazardous Waste Activity" is to notify you that we are no longer generating 1000 kilograms per month of hazardous waste. Our monthly average for all of 1985 was 278 Kg.

Since we see no increase for 1986, we now qualify as a Small Quantity Hazardous Waste Generator.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas  
Project Engineer

CC: Mark S. Embeck

ml

APR 11 1986

ORIGINAL  
(Red)

SWM-53: Rev. 3/82

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

|   |  |  |  |     |  |  |  |                 |        |                             |  |
|---|--|--|--|-----|--|--|--|-----------------|--------|-----------------------------|--|
| INSTALLATION'S EPA I.D. NUMBER  |  |  |  |     |  |  |  |                 |        |                             |  |
| A D 0 0 4 3 7 4 9 5 5   |  |  |  |     |  |  |  |                 |        |                             |  |
| NAME OF INSTALLATION  |  |  |  |     |  |  |  |                 |        |                             |  |
| PHILIPS ECG, INC.   |  |  |  |     |  |  |  |                 |        |                             |  |
| INSTALLATION MAILING ADDRESS  |  |  |  |     |  |  |  |                 |        |                             |  |
| STREET OR P. O. BOX   |  |  |  |     |  |  |  |                 |        |                             |  |
| 3101 Pleasant Valley Blvd.,   |  |  |  |     |  |  |  |                 |        |                             |  |
| CITY OR TOWN  |  |  |  |     |  |  |  | ST.             |        | ZIP CODE                    |  |
| Altoona   |  |  |  |     |  |  |  | P A             |        | 16603                       |  |
| LOCATION OF INSTALLATION  |  |  |  |     |  |  |  |                 |        |                             |  |
| STREET OR ROUTE NUMBER  |  |  |  |     |  |  |  | MUNICIPALITY    |        |                             |  |
| SAME  |  |  |  |     |  |  |  | CITY OF ALTOONA |        |                             |  |
| CITY OR TOWN  |  |  |  | ST. |  | ZIP CODE                                     |  |                 | COUNTY |                             |  |
|   |  |  |  |     |  |  |  |                 | BLAIR  |                             |  |
| INSTALLATION CONTACT  |  |  |  |     |  |  |  |                 |        |                             |  |
| NAME AND TITLE (last, first, & job title)   |  |  |  |     |  |  |  |                 |        | PHONE NO. (area code & no.) |  |
| KARAKANTAS, CRIST - PROJECT ENGINEER  |  |  |  |     |  |  |  |                 |        | 8 1 4 9 4 3 1 1 2 6         |  |
| OWNERSHIP   |  |  |  |     |  |  |  |                 |        |                             |  |
| A. NAME OF INSTALLATION'S LEGAL OWNER   |  |  |  |     |  |  |  |                 |        |                             |  |
| NORTH AMERICAN PHILIPS  |  |  |  |     |  |  |  |                 |        |                             |  |
| TYPE OF OWNERSHIP   |  |  |  |     |  |  |  |                 |        |                             |  |
| (enter the appropriate letter into box)   |  |  |  |     |  |  |  |                 |        |                             |  |
| F = FEDERAL M = NON-FEDERAL   |  |  |  |     |  |  |  |                 |        |                             |  |
| M   |  |  |  |     |  |  |  |                 |        |                             |  |
| SIC CODES (4-digit in order of priority)  |  |  |  |     |  |  |  |                 |        |                             |  |
| A. FIRST  |  |  |  |     |  | C. THIRD                                     |  |                 |        |                             |  |
| 6 7 1 (specify) ELECTRONIC RECEIVING TUBES  |  |  |  |     |  | (specify)                                    |  |                 |        |                             |  |
| B. SECOND   |  |  |  |     |  | D. FOURTH                                    |  |                 |        |                             |  |
| (specify)   |  |  |  |     |  | (specify)                                    |  |                 |        |                             |  |
| TYPE OF HAZARDOUS WASTE ACTIVITY  |  |  |  |     |  |  |  |                 |        |                             |  |
| A. GENERATION <input type="checkbox"/> C. STORE <input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX) <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM <input type="checkbox"/>  |  |  |  |     |  |  |  |                 |        |                             |  |
| B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify):  |  |  |  |     |  |  |  |                 |        |                             |  |
| MODE OF TRANSPORTATION (transporters only)  |  |  |  |     |  |  |  |                 |        |                             |  |
| <input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):   |  |  |  |     |  |  |  |                 |        |                             |  |
| EXISTING ENVIRONMENTAL PROGRAM PERMITS  |  |  |  |     |  |  |  |                 |        |                             |  |
| NPDES (Discharges to Surface Water)   |  |  |  |     |  | D. PSD (Air Emissions from Proposed Sources) |  |                 |        |                             |  |
| 7 7 2 2 0 4 - T 1   |  |  |  |     |  |  |  |                 |        |                             |  |
| UIC (Underground Injection of Fluids)   |  |  |  |     |  | E. SOLID WASTE                               |  |                 |        |                             |  |
|   |  |  |  |     |  |  |  |                 |        |                             |  |
| C. RCRA (Hazardous Wastes)  |  |  |  |     |  | F. OTHER (specify)                           |  |                 |        |                             |  |
|   |  |  |  |     |  |  |  |                 |        |                             |  |
| TYPE OF NOTIFICATION.   |  |  |  |     |  |  |  |                 |        |                             |  |
| Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS). |  |  |  |     |  |  |  |                 |        |                             |  |
| A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input type="checkbox"/> E. DELETION OF AN ACTIVITY <input type="checkbox"/>  |  |  |  |     |  |  |  |                 |        |                             |  |
| B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY <input type="checkbox"/>   |  |  |  |     |  |  |  |                 |        |                             |  |



# XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

ORIGINAL  
(Red)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|              |              |              |    |    |    |
|--------------|--------------|--------------|----|----|----|
| 1<br>F 0 0 1 | 2<br>F 0 0 2 | 3<br>F 0 0 5 | 4  | 5  | 6  |
| 7            | 8            | 9            | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☒ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☒ 4. EP TOXIC.

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

ROBERT N. ISACKE  
PLANT MANGER

4-9-86

FOR OFFICIAL USE ONLY

DER  
BUREAU OF SOIL WASH  
JUL 16 1986

# RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ ORIGINAL ☐ CONFERENCE  
(Red) (Red)

☐ OTHER (SPECIFY)

(Record of item checked above)

TO Facility Contact:

Thomas Huppel  
814-943-1126

FROM:

Sam Henry

DATE

2-7-84

TIME

8:45 pm

SUBJECT

Status of TSD Facility -- Memo to File

## SUMMARY OF COMMUNICATION

Name of Facility:

Chilipele Co. Inc. & North American Co.

I.D. Number

: PAO 00 137 4455

501-1000 G  
502-3000 G

- ☒ Facility does presently generate hazardous waste
- ☐ Facility does not presently generate hazardous waste
- ☐ Facility stores hazardous waste for more than 90 days
- ☒ Facility does not store for more than 90 days
- ☐ Facility is a recycler
- ☐ Facility incinerates hazardous waste
- ☐ Facility does not incinerate hazardous waste
- ☐ Facility does dispose hazardous waste off-site
- ☐ Facility does not dispose hazardous waste off-site

- ☒ Facility will submit letter requesting withdrawal of their Part A for any of the reasons listed above.

Rec'd ltr 2/13/84

## CONCLUSIONS, ACTION TAKEN OR REQUIRED

- ☐ Coded as: 1105/4
- ☒ Facility remains in system as: Generator

## INFORMATION COPIES

TO:



ORIGINAL  
(Red)

ORIGINAL  
(Red)

# Philips ECG

Philips ECG Inc.  
1000 Poplar Valley Boulevard  
Atlanta, GA 30328  
404 395-1100

February 7, 1984

U.S. Environmental Protection Agency  
6th and Walnut Streets  
Philadelphia, PA 19106

ATTN; Joan Henry

As per our phone conversation today, enclosed are letters dated March 4, 1983 and September 14, 1983 addressed to the Pa. DER. These letters and their attached "Notification of Hazardous Waste Activity" state that our plant is presently a generator of hazardous waste.

I note that a copy of the March 4 letter was sent to the EPA but perhaps did not get to your desk.

Sincerely,



Thomas O. Hoppel

m1

RECEIVED  
Facilities Management Section

FEB 13 1984

U.S. EPA, Region II

**Philips ECG**

PAD 00 439 4955

ORIGINAL  
(Red)

Philips ECG, Inc.  
3001 Pleasant Valley Boulevard  
Lithonia, PA 16603  
814-343-1126

10

March 28, 1985

PENNA. DEPT. OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
P.O. Box 2063  
Harrisburg, PA 17210

The enclosed "Notification of Hazardous Waste Activity" is to inform you that we at the Philips ECG, Inc. Plant in Altoona, PA wish to make a deletion to Section VIII.

This deletion is G (Reuse, recycle, reclaim) and involves waste ethyl alcohol, classified as D001. In the past, we have been collecting this waste in an underground tank (3,000 gallon) and subsequently transporting it by American Products Co. to Kempton, PA for eventual recycling and reclamation.

We are no longer generating this waste and plan to eliminate the tank.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas  
Project Engineer



BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

|   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
|---|---|---|---|--------------------------------------|---|---|---|---|---|---|---|-----------------------------|----------|--------|
| <b>I INSTALLATION'S EPA I.D. NUMBER</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| P   | A | D | 0 | 0                                    | 4 | 3 | 7 | 4 | 9 | 5   | 5 |                             |          |        |
| <b>II NAME OF INSTALLATION</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| PHILIPS ECG, INC.   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>III INSTALLATION MAILING ADDRESS</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| STREET OR P. O. BOX   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| 3101 Pleas. Valley Blvd.,   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| CITY OR TOWN  |   |   |   |                                      |   |   |   |   |   |   |   | ST.                         | ZIP CODE |        |
| Altoona   |   |   |   |                                      |   |   |   |   |   |   |   | PA                          | 16602    |        |
| <b>IV LOCATION OF INSTALLATION</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| STREET OR ROUTE NUMBER  |   |   |   |                                      |   |   |   |   |   |   |   | MUNICIPALITY                |          |        |
| SAME  |   |   |   |                                      |   |   |   |   |   |   |   | CITY OF ALTOONA (07-001)    |          |        |
| CITY OR TOWN  |   |   |   |                                      |   |   |   |   |   |   |   | ST.                         | ZIP CODE | COUNTY |
|   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          | BLAIR  |
| <b>V INSTALLATION CONTACT</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| NAME AND TITLE (last, first, & job title)   |   |   |   |                                      |   |   |   |   |   |   |   | PHONE NO. (area code & no.) |          |        |
| KARAKANTAS, CRIST PROJECT ENGINEER  |   |   |   |                                      |   |   |   |   |   |   |   | 814943112                   |          |        |
| <b>VI OWNERSHIP</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>A. NAME OF INSTALLATION'S LEGAL OWNER</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| NORTH AMERICAN PHILIPS  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>B. TYPE OF OWNERSHIP</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| (enter the appropriate letter into box)   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| F = FEDERAL M = NON-FEDERAL <span style="border: 1px solid black; padding: 0 5px;">M</span>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>VII SIC CODES (4-digit in order of priority)</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>A. FIRST</b>   |   |   |   |                                      |   |   |   |   |   | <b>C. THIRD</b>                                     |   |                             |          |        |
| 3   | 6 | 7 | 1 | (specify) ELECTRONIC RECEIVING TUBES |   |   |   |   |   | (specify)   |   |                             |          |        |
| <b>B. SECOND</b>  |   |   |   |                                      |   |   |   |   |   | <b>D. FOURTH</b>                                    |   |                             |          |        |
| (specify)   |   |   |   |                                      |   |   |   |   |   | (specify)   |   |                             |          |        |
| <b>VIII TYPE OF HAZARDOUS WASTE ACTIVITY</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <input checked="" type="checkbox"/> <b>A. GENERATION</b> <input type="checkbox"/> <b>C. STORE</b> <input type="checkbox"/> <b>E. TRANSPORTATION (COMPLETE ITEM IX)</b> <input checked="" type="checkbox"/> <b>G. REUSE, RECYCLE, RECLAIM</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <input type="checkbox"/> <b>B. TREAT</b> <input type="checkbox"/> <b>D. DISPOSE</b> <input type="checkbox"/> <b>F. PERMIT BY RULE</b> <input type="checkbox"/> <b>H. OTHER (specify):</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>IX MODE OF TRANSPORTATION (transporters only)</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <input type="checkbox"/> <b>A. AIR</b> <input type="checkbox"/> <b>B. RAIL</b> <input type="checkbox"/> <b>C. HIGHWAY</b> <input type="checkbox"/> <b>D. WATER</b> <input type="checkbox"/> <b>E. OTHER (specify):</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>X EXISTING ENVIRONMENTAL PROGRAM PERMITS</b>   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>A. NPDES (Discharges to Surface Water)</b>   |   |   |   |                                      |   |   |   |   |   | <b>D. PSD (Air Emissions from Proposed Sources)</b> |   |                             |          |        |
| P   | A | 0 | 1 | 1                                    | 1 | 2 | 4 | 4 |   |   |   |                             |          |        |
| <b>B. UIC (Underground Injection of Fluids)</b>   |   |   |   |                                      |   |   |   |   |   | <b>E. SOLID WASTE</b>                               |   |                             |          |        |
|   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>C. RCRA (Hazardous Wastes)</b>   |   |   |   |                                      |   |   |   |   |   | <b>F. OTHER (specify)</b>                           |   |                             |          |        |
|   |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <b>XI. TYPE OF NOTIFICATION,</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS). |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <input type="checkbox"/> <b>A. FIRST NOTIFICATION</b> <input type="checkbox"/> <b>C. DELETION OF A WASTE</b> <input checked="" type="checkbox"/> <b>E. DELETION OF AN ACTIVITY</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |
| <input type="checkbox"/> <b>B. CHANGE OF GENERAL INFORMATION</b> <input type="checkbox"/> <b>D. ADDITION OF A WASTE</b> <input type="checkbox"/> <b>F. ADDITION OF AN ACTIVITY</b>  |   |   |   |                                      |   |   |   |   |   |   |   |                             |          |        |

# Philips ECG

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16803  
(814) 343-1126

9

September 14, 1983

PENNA. DEPT. OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
P.O. Box 2063  
Harrisburg, PA 17120

The enclosed "Notification of Hazardous Waste Activity" is to inform you that the Philips ECG Plant in Altoona, PA is making an addition to Section VIII.

The addition is G. (Reuse, recycle, reclaim). The waste involved is ethyl alcohol, classified as D001, which we collect in a 3,000 gallon storage tank.

Our interest in this change is to comply with chapter 75.261 (e) (1), which allows a generator to store a recycled or reclaimed hazardous waste without a permit to store hazardous waste.

Sincerely,

Thomas O. Hoppel  
Materials Engineer

CC: R. N. Isacke  
G. A. Coltrin  
E. E. Chase, Seneca Falls



ER-SWM-53: Rev. 3/82

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

|   |  |   |  |  |  |  |        |  |          |
|---|--|---|--|--|--|--|--------|--|----------|
| I. INSTALLATION'S EPA I.D. NUMBER   |  |   |  |  |  |  |        |  |          |
| A D O 0 4 3 7 4 9 5 5   |  |   |  |  |  |  |        |  |          |
| II. NAME OF INSTALLATION  |  |   |  |  |  |  |        |  |          |
| PHILIPS ECG, INC.   |  |   |  |  |  |  |        |  |          |
| III. INSTALLATION MAILING ADDRESS   |  |   |  |  |  |  |        |  |          |
| STREET OR P. O. BOX   |  |   |  |  |  |  |        |  |          |
| 3101 Pleas. Valley Blvd.  |  |   |  |  |  |  |        |  |          |
| CITY OR TOWN  |  |   |  |  |  |  |        | ST.  | ZIP CODE |
| Altoona   |  |   |  |  |  |  |        | PA   | 16602    |
| IV. LOCATION OF INSTALLATION  |  |   |  |  |  |  |        |  |          |
| STREET OR ROUTE NUMBER  |  |   |  |  |  | MUNICIPALITY   |        |  |          |
| SAME  |  |   |  |  |  | CITY OF ALTOONA  |        |  |          |
| CITY OR TOWN  |  |   |  | ST.  | ZIP CODE                                     |  | COUNTY |  |          |
|   |  |   |  |  |  |  | BLAIR  |  |          |
| INSTALLATION CONTACT  |  |   |  |  |  |  |        |  |          |
| NAME AND TITLE (last, first, & job title)   |  |   |  |  |  |  |        | PHONE NO. (area code & no.)                  |          |
| HOPPEL, THOMAS MATERIALS ENGINEER   |  |   |  |  |  |  |        | 8149431126                                   |          |
| VI. OWNERSHIP   |  |   |  |  |  |  |        |  |          |
| A. NAME OF INSTALLATION'S LEGAL OWNER   |  |   |  |  |  |  |        |  |          |
| NORTH AMERICAN PHILIPS  |  |   |  |  |  |  |        |  |          |
| B. TYPE OF OWNERSHIP  |  |   |  |  |  |  |        |  |          |
| (enter the appropriate letter into box)   |  |   |  |  |  |  |        |  |          |
| F = FEDERAL M = NON-FEDERAL <span style="border: 1px solid black; padding: 2px 5px;">M</span>   |  |   |  |  |  |  |        |  |          |
| VII. SIC CODES (4-digit in order of priority)   |  |   |  |  |  |  |        |  |          |
| A. FIRST  |  |   |  |  | C. THIRD                                     |  |        |  |          |
| 3671 (specify) Electronic Receiving Tubes   |  |   |  |  | (specify)                                    |  |        |  |          |
| B. SECOND   |  |   |  |  | D. FOURTH                                    |  |        |  |          |
| (specify)   |  |   |  |  | (specify)                                    |  |        |  |          |
| VIII. TYPE OF HAZARDOUS WASTE ACTIVITY  |  |   |  |  |  |  |        |  |          |
| <input checked="" type="checkbox"/> A. GENERATION   |  | <input type="checkbox"/> C. STORE               |  | <input type="checkbox"/> E. TRANSPORTATION<br>(COMPLETE ITEM IX) |  | <input checked="" type="checkbox"/> G. REUSE, RECYCLE, RECLAIM |        |  |          |
| <input type="checkbox"/> B. TREAT   |  | <input type="checkbox"/> D. DISPOSE             |  | <input type="checkbox"/> F. PERMIT BY RULE                       |  | <input type="checkbox"/> H. OTHER (specify):                   |        |  |          |
| IX. MODE OF TRANSPORTATION (transporters only)  |  |   |  |  |  |  |        |  |          |
| <input type="checkbox"/> A. AIR   |  | <input type="checkbox"/> B. RAIL                |  | <input type="checkbox"/> C. HIGHWAY                              |  | <input type="checkbox"/> D. WATER                              |        | <input type="checkbox"/> E. OTHER (specify): |          |
| X. EXISTING ENVIRONMENTAL PROGRAM PERMITS   |  |   |  |  |  |  |        |  |          |
| A. NPDES (Discharges to Surface Water)  |  |   |  |  | D. PSD (Air Emissions from Proposed Sources) |  |        |  |          |
| 0772204   |  |   |  |  |  |  |        |  |          |
| B. UIC (Underground Injection of Fluids)  |  |   |  |  | E. SOLID WASTE                               |  |        |  |          |
|   |  |   |  |  |  |  |        |  |          |
| C. RCRA (Hazardous Wastes)  |  |   |  |  | F. OTHER                                     |  |        |  |          |
|   |  |   |  |  | (specify)                                    |  |        |  |          |
| XI. TYPE OF NOTIFICATION.   |  |   |  |  |  |  |        |  |          |
| Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS). |  |   |  |  |  |  |        |  |          |
| <input type="checkbox"/> A. FIRST NOTIFICATION  |  | <input type="checkbox"/> C. DELETION OF A WASTE |  | <input type="checkbox"/> E. DELETION OF AN ACTIVITY              |  | <input checked="" type="checkbox"/> F. ADDITION OF AN ACTIVITY |        |  |          |
| <input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION   |  | <input type="checkbox"/> D. ADDITION OF A WASTE |  |  |  |  |        |  |          |



ORIGINAL  
(Red)

## XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|              |              |              |    |    |    |
|--------------|--------------|--------------|----|----|----|
| 1<br>F 0 0 1 | 2<br>F 0 0 2 | 3<br>F 0 0 5 | 4  | 5  | 6  |
| 7            | 8            | 9            | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☒ 1. IGNITABLE☐ 2. CORROSIVE☐ 3. REACTIVE☒ 4. EP TOXIC

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

ROBERT N. ISACKE  
PLANT MANAGER

9-14-83

FOR OFFICIAL USE ONLY



DATE 7/18/82

TO FILE

FROM LORI DAVIS, SDS

SUBJECT: Haz. abt. Insp. of Philips ECG. 6/28/82 — "Notes on..." ORIGINAL (Red)

- On-site reclamation (distillation) of ~~Flammable Solvent~~ -

~~Flammable Solvent~~ & trichloroethylene.

Not considered hmt; must not notify <sup>of distillation</sup> on Pt A ~~as~~ as per Frank Fair 7/6/82.

- Store waste Flammable Solvent formerly Solusolve - (85% ethyl alcohol, 15% methyl isobutyl ketone, 1% ethyl acetate, 1% rubber hydrocarbon solvent) in underground tank outside on South side of building.

- ~~Flammable~~ Solvent used to dry parts after washed w/ water  $\therefore$  contaminated mostly w/  $H_2O$ .

- emptied by worker - drains abt 10 gal from sink when cloudy - flows directly into tank.

- level measured weekly - record at shipping docks (Accd to Regs, and in review in

conversation w/ F. Fair 7/6/82 - record of level ("inspection log") not required at ~~this~~ this time. <sup>daily level not applicable - this is for uncontrolled tanks</sup> That may be changed in new Regs)

- transported and distilled by guy around Reading. OK for now w/o manifest - have notified that waste as hmt on Pt A ("also include above") be as of now (10/82) don't need to manifest or use licensed transporter. When new

Philips

6/28/82

Tom Haggel

Record - drum storage area - copy made eventually  
 for ~~report~~ "disk file"

Tank - record on tank - at shipping + receiving dock -  
 levels measured - once a wk -  
~~mark~~ when "emptied"  
 mark date/time/person.

Faco Solvent - 3-drum

97% Ethyl alcohol

190 - Methyl isobutyl ketone

190 - Ethyl acetate

190 - Rubber hydrocarbon solvent

Waste oil -

Cutting oil - "Industrial Solvents"

Manifests - 12/17/81 - D01 as F005 to PA TSD - lit but not letter.  
 - 1/20/82 - part B not sent to gen ~~as of~~  
~~part 2 of~~  
 April 23 - sent back.

EB

Written schedule - drum storage

Training program

Time clock as adequate weekly map of drum area.



Violations

- Auth. 261 (d) -

- Exception Dept -

(More than 35 days Jan 20 - April 23)

More than 7 days after expected arrival.

- Operating Record.

Inspections -

Time clock - hourly

↓  
"Security" - go thru training?

Responsible to analyze situation  
& make appropriate action - whether is  
to correct situation themselves or  
call person responsible —

ORIGINAL  
(Red)

Personnel file - job description  
- night watchman



Self Inspected

ORIGINAL  
(Red)

Conditions of Internal Status  
Conforming to Part A Reporting?

tank - 3,000 gal

containers - 1000 gal ÷ 55 = 18 drums stored

Notified for -

Types of waste -

- |         |        |   |
|---------|--------|---|
| D codes | { D001 | ignitable                                       |
|         | { D002 | corrosive                                       |
|         | { D003 | reactive  |
|         | { D005 | toxic   |
|         | { F001 | halogenated solvents & still bottoms degreasing |
|         | { F002 | halogenated " " "                               |
|         | { F003 | non-halogenated " " "                           |

unk - F005 methanol, toluene, MEK, methyl isobutyl ketone, carbon disulfide, isobutanol, pyridine & still bottoms.

Imp pt - onsite reclaim?  
use to  
not listed in pt A? (other place for it?)

ORIGINAL  
(Red)

is # 5 of them even for Neoprene for.

Form 1005 - 1005 or 1005 H -

Ally alcohol.

Neoprene water form product - 2570 water-7510

Canes from - dematured allys alcohol -

Rick Shipman - PA Bustin 75-2501

Heppel spoke w/ Gary Galida

Used alcohol w/ 100% H.W. percent

Mark H. Spoke w/ 2 Ren Klemmering.

Insurance.

19529

Kempson, Pa.

PA 1 Box 195

American Products Co (60181)

Larry Mark

Ashtler

May 18 1981

License to transport Neoprene for  
Tom Shipman - agreed **OK**

License to operate a Motor  
vehicle for Neoprene use  
"not a H.W. Neoprene"

Heppel spoke w/ Tom (Heppel) Phillips

2001 1981



ORIGINAL  
(Red)

REQUEST FOR WITHDRAWAL FROM INTERIM STATUS

FACILITY NAME Philips ECG Inc.

FACILITY I.D. NO. PAD 00 437 4955

CHECKLIST

No Part B Called In?

       Submit closure plan for review?

       Go through proper closure/post closure

       Approved?

       Claims corroborated by State/EPA inspection?

       Additional future inspections required?

WITHDRAWAL APPROVED William L. Webb Date 5-21-83  
Signature

cc 5-24-83 letter from Gayle Leader of PA D&R.

# Philips ECG

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16803  
(814) 943 1126

22  
ORIGINAL  
(Red)

March 4, 1983

PENNA. DEPT. OF ENVIRONMENTAL RESOURCES  
BUREAU OF SOLID WASTE MANAGEMENT  
P.O. Box 2063  
Harrisburg, PA 17120

Gentlemen:

The enclosed "Notification of Hazardous Waste Activity" is to inform you that the Philips ECG plant in Altoona, PA wishes to withdraw its application for a permit to store hazardous wastes.

We understand that, under the present law, this requires that we have a licensed transporter take our hazardous wastes within 90 days of when the wastes were generated. We intend to obey this and the other rules and regulations of Chapter 75.262 in the Sept. 4, 1982 PA Bulletin.

Sincerely,

Thomas O. Hoppel  
Materials Engineer

CC: EPA Region III  
P.O. Box 1460  
PHiladelphia, PA 19107

R. N. Isacke  
G. A. Coltrin  
M. W. Ostrum  
R. W. Drabic  
J. W. Conrad  
E. E. Chase, Seneca Falls

Attachment/1



ORIGINAL  
(Red)

BUREAU OF SOLID WASTE MANAGEMENT  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

|  |   |   |   |   |  |   |   |                             |          |
|--|---|---|---|---|--|---|---|-----------------------------|----------|
| I. INSTALLATION'S EPA I.D. NUMBER  |   |   |   |   |  |   |   |                             |          |
| P  | A | D | O | O | 4  | 3 | 7 | 4                           | 9        |
| II. NAME OF INSTALLATION   |   |   |   |   |  |   |   |                             |          |
| PHILIPS ECG, INC.  |   |   |   |   |  |   |   |                             |          |
| III. INSTALLATION MAILING ADDRESS  |   |   |   |   |  |   |   |                             |          |
| STREET OR P. O. BOX  |   |   |   |   |  |   |   |                             |          |
| 3101 Pleasant Valley Blvd.   |   |   |   |   |  |   |   |                             |          |
| CITY OR TOWN   |   |   |   |   |  |   |   | ST.                         | ZIP CODE |
| Altoona  |   |   |   |   |  |   |   | PA                          | 16602    |
| IV. LOCATION OF INSTALLATION   |   |   |   |   |  |   |   |                             |          |
| STREET OR ROUTE NUMBER   |   |   |   |   |  |   |   | MUNICIPALITY                |          |
| SAME   |   |   |   |   |  |   |   | CITY OF ALTOONA             |          |
| CITY OR TOWN   |   |   |   |   |  |   |   | ST.                         | ZIP CODE |
|  |   |   |   |   |  |   |   |                             |          |
|  |   |   |   |   |  |   |   | COUNTY                      |          |
|  |   |   |   |   |  |   |   | BLAIR                       |          |
| INSTALLATION CONTACT   |   |   |   |   |  |   |   |                             |          |
| NAME AND TITLE (last, first, & job title)  |   |   |   |   |  |   |   | PHONE NO. (area code & no.) |          |
| HOPPEL, THOMAS MATERIALS ENGINEER  |   |   |   |   |  |   |   | 8149431126                  |          |
| VI. OWNERSHIP  |   |   |   |   |  |   |   |                             |          |
| A. NAME OF INSTALLATION'S LEGAL OWNER  |   |   |   |   |  |   |   |                             |          |
| NORTH AMERICAN PHILIPS   |   |   |   |   |  |   |   |                             |          |
| B. TYPE OF OWNERSHIP   |   |   |   |   |  |   |   |                             |          |
| (enter the appropriate letter into box)  |   |   |   |   |  |   |   |                             |          |
| F = FEDERAL M = NON-FEDERAL  |   |   |   |   |  |   |   |                             |          |
| M  |   |   |   |   |  |   |   |                             |          |
| VII. SIC CODES (4-digit in order of priority)  |   |   |   |   |  |   |   |                             |          |
| A. FIRST   |   |   |   |   | C. THIRD                                     |   |   |                             |          |
| 3671 (specify) Electronic Receiving Tubes  |   |   |   |   | (specify)                                    |   |   |                             |          |
| B. SECOND  |   |   |   |   | D. FOURTH                                    |   |   |                             |          |
| (specify)  |   |   |   |   | (specify)                                    |   |   |                             |          |
| VIII. TYPE OF HAZARDOUS WASTE ACTIVITY   |   |   |   |   |  |   |   |                             |          |
| <input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. STORE <input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX) <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM<br><input type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify): |   |   |   |   |  |   |   |                             |          |
| IX. MODE OF TRANSPORTATION (transporters only)   |   |   |   |   |  |   |   |                             |          |
| <input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):  |   |   |   |   |  |   |   |                             |          |
| X. EXISTING ENVIRONMENTAL PROGRAM PERMITS  |   |   |   |   |  |   |   |                             |          |
| A. NPDES (Discharges to Surface Water)   |   |   |   |   | D. PSD (Air Emissions from Proposed Sources) |   |   |                             |          |
| 0772204  |   |   |   |   |  |   |   |                             |          |
| B. UIC (Underground Injection of Fluids)   |   |   |   |   | E. SOLID WASTE                               |   |   |                             |          |
|  |   |   |   |   |  |   |   |                             |          |
| C. RCRA (Hazardous Wastes)   |   |   |   |   | F. OTHER (specify)                           |   |   |                             |          |
|  |   |   |   |   |  |   |   |                             |          |
| XI. TYPE OF NOTIFICATION   |   |   |   |   |  |   |   |                             |          |
| Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).  |   |   |   |   |  |   |   |                             |          |
| <input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input checked="" type="checkbox"/> E. DELETION OF AN ACTIVITY<br><input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY   |   |   |   |   |  |   |   |                             |          |



## XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. Page 75.47

|              |              |              |    |    |    |
|--------------|--------------|--------------|----|----|----|
| 1<br>F 0 0 1 | 2<br>F 0 0 2 | 3<br>F 0 0 5 | 4  | 5  | 6  |
| 7            | 8            | 9            | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☒ 1. IGNITABLE☐ 2. CORROSIVE☐ 3. REACTIVE☒ 4. EP TOXIC

## XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

ROBERT N. ISACKE  
PLANT MANAGER

3/4/83

FOR OFFICIAL USE ONLY

# Philips ECG, Inc.

014-120

ORIGINAL  
(Red)  
ORIGINAL  
(Red)

December 10, 1981

Gary Galida  
Bureau of Solid Waste Management  
Dept. of Environmental Resources  
P. O. Box 2063  
Harrisburg, PA 17120

Please be advised that we are not and do not wish to become a Hazardous Waste Transporter. As the result of a Hazardous Waste inspection by James J. Young of DER on Dec. 9, 1981, he suggested that I write this to you.

Evidently his information indicates that we were listed as a Transporter in addition to being a Generator and TSD facility.

Our EPA Identification No. is PAD004374955. Our "Notification of Hazardous Waste Activity" dated Oct. 27, 1980 identifies our plant as a Generator and a TSD facility. Thank you for your attention to this.

*T. O. Hoppe*

T. O. HOPPEL  
MATERIALS ENGINEER

CC: James J. Young  
Pa. Dept. of Environmental Resources  
Cricket Field Plaza  
Altoona, PA  
Copy to FIE, T.S.

*Jim,*

*Our personnel dept. is preparing statements to be signed by each employee regarding his/her training in handling Hazardous wastes. These will be kept and updated in our personnel files.*

*T.O.*



Philips ECG

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16602-4379  
(814) 943-1126

October 25, 1981

Mr. Clifford L. Jones, Secretary  
Commonwealth of Pennsylvania  
Department of Environmental Resources  
P.O. Box 2063  
Harrisburg, PA 17120

Dear Mr. Jones:

We are in receipt of the letter directed to GTE Products Corporation, PAD004374955, at this address.

This letter alerted us to the various items of notification to different agencies and news media in connection with the application for a permit for hazardous waste storage, treatment, or disposal.

Please be advised that GTE Products Corporation sold its Consumer Products Business to North American Philips Corporation in January 1981. This plant was a part of that sale and is now part of a new subsidiary corporation known as Philips ECG Incorporated.

Our production and use of materials remains the same as with GTE Products.

Any further correspondence in relation to application for permit or communications should be directed to the address shown on our letterhead.

Mr. Thomas O. Hoppel is the individual in charge of our Environmental Resources Program.

Very truly yours,

*J. K. Miller*

J. K. Miller  
Personnel Manager

pd

cc: T. O. Hoppel

*filed 12-1-81*

A North American Philips Company

*Young*  
ORIGINAL  
(Red)

HAZARDOUS WASTE  
MUNICIPAL SERVICES  
OPERATIONS

RECEIVED

DEC 2 1981

DER - CEC  
Altoona Office

RECEIVED

Director's Office

OCT 29 1981

Solid Waste Management

ENVIRONMENTAL PROTECTION

1981 OCT 29 PM 2:14

DEPUTY SECRETARY  
ENVIRONMENTAL  
PROTECTION

3101 Pleasant Valley Boulevard  
Altos, PA 16603  
814 943 1126

## ***Philips ECG, Inc.***

ORIGINAL  
(Red)

August 4, 1981

U. S. Environmental Protection Agency  
Permits Enforcement Branch  
RCRA Administrative Support Section  
6th and Walnut Streets  
Philadelphia, PA 19106

ATTN: Bill Walsh (3EN24)

In reference to your letter dated July 24 (copy attached), we will include with and dispose of any paint wastes as F001 or F005 depending on the type of paint solvent.

THOMAS HOPPEL  
MATERIALS ENGINEER

CC: R. N. Isacke



Feb. 5, 1981

ORIGINAL  
(Red)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6th and Walnut Street,  
Philadelphia, PA 19106

RE: TRANSFER OF OWNERSHIP NOTICE  
EPA I.D. NUMBER PAD004374955

Dear Sirs:

This will advise that the former GTE PRODUCTS CORPORATION facilities at Altoona, Pennsylvania (EPA I.D. Number PAD004374955) has been sold effective January 21, 1981. Our name changes from GTE Products Corporation to Philips ECG, Inc., a North American Philips company.

The Philips ECG Corporation headquarters address is:

Philips ECG, Inc.  
Johnston Street,  
Seneca Falls, New York 13148

Telephone: (315) 568-5881

Contact: Alan R. Covell, EXt. 2376  
ECG Division Facilities Engineering Dept.

North American Philips' headquarters address is:

North American Philips Corp.  
100 East 42nd Street,  
New York, New York 10017

Telephone: (212) 697-3600

We anticipate that production operations for our current product will continue at this location. If there are changes, we will advise accordingly.

Please address this transfer of ownership notice to our hazardous waste permit application filed with your office November 17, 1980 under provisions of the Resource Conservation and Recovery Act per the Consolidated Permits Program.

Sincerely,

*T. O. Hoppe*  
Thomas O. Hoppe  
Environmental Engineer  
Product Engineering Group

*R. N. Isacke*  
R. N. Isacke  
Plant Manager

*changed 3/12/81*



ORIGINAL  
(Red)

ER BWG 32 REV 1-73  
NOTE SEE COPY 2  
BEFORE SIGNING

7-18-78  
1400

WASTE DISCHARGE INSPECTION REPORT

ESTABLISHMENT

GTE Sylvania

OPERATOR NAME

N.A.

PERSONAL OFFICIAL

W.B. Power

PERSON INTERVIEWED

Will Thomas

Pleasant Valley Blvd

Plain

Logan Twp

IW

3101 Pleasant Valley Blvd

412-1132

Electronic  
Tubes

TREATMENT PROCESS

No Treatment

Only cooling water is discharged

01755132

SAMPLING POINT

Under table behind  
garage house

117

CERTIFICATION

|   |   |                  |
|---|---|------------------|
| 1 | C | CO               |
| 2 | A | 45               |
| 3 | A | 0791450401 - 117 |

1 Vacuum Tube Prod.  
2 Untreated Effluent  
3  
4

REGIONAL OFFICE



ORIGINAL  
(Red)

PAID 32 REV. 4-77  
TE: SEE COPY 2  
MORE SIGNING

Fementy  
GTE Sullivan

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT  
WASTE DISCHARGE INSPECTION REPORT

DATE 4-14-81  
TIME 14:00 14:30

|  |  |                                 |                     |                    |                     |
|--|--|---------------------------------|---------------------|--------------------|---------------------|
| ESTABLISHMENT<br>Philip ECG, Inc             | CASE   | LOCATION (STREET, STATE, ROUTE) | COUNTY              | MUNICIPALITY       | PROGRAM             |
| OPERATOR NAME<br>NA                          | VALID CERTIFICATE POSTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | TELEPHONE NO.                   | POP SERVED          | ACRES UNDER PERMIT | ACRES ALREADY MINED |
| RESPONSIBLE OFFICIAL<br>R. N. Isaacks Pk Mgr | ADDRESS<br>3101 Pleasant Valley Road   | TELEPHONE NO.<br>943-1126       | INDUSTRIAL PRODUCTS |                    |                     |
| PERSON INTERVIEWED<br>Thomas Hoppel          | ADDRESS<br>" " " "   | TELEPHONE NO.<br>"              | 1 01758110 2        |                    |                     |

|  |                 |       |   |            |
|--|-----------------|-------|---|------------|
| TREATMENT PROCESS                      | NUMBER OF UNITS |       | REMARKS   | VIOLATIONS |
|  | TOT             | IN OP |   |            |
|  |                 |       | Only 1 shift per day, discharge volume decreased      |            |
|  |                 |       | Only cooling water is discharged                      |            |
|  |                 |       | Mfg vacuum tubes using same process as Sullivan       |            |
|  |                 |       | Temperature of discharge is averaging in the low 20's |            |
| LAW, REGULATIONS OR PERMIT NO. & COND. |                 |       |   |            |

|                             |                           |    |           |       |      |      |    |           |                      |                             |               |               |
|-----------------------------|---------------------------|----|-----------|-------|------|------|----|-----------|----------------------|-----------------------------|---------------|---------------|
| SAMPLING POINT<br>No Sample | W&W QUALITY REPORT NUMBER | PH | CHLOR RES | COLOR | ODOR | TEMP | DO | SPEC COND | AVG DAILY FLOW (MGD) | RECEIVING STREAM APPEARANCE |               |               |
|                             |                           |    |           |       |      |      |    |           |                      | NAME                        | ABOVE DIS APP | BELOW DIS APP |
|                             |                           |    |           |       |      |      |    |           |                      | Mill Run                    | X             |               |
|                             |                           |    |           |       |      |      |    |           |                      | turbid, high water          |               |               |

|                |    |     |   |       |       |          |          |          |          |                    |                   |
|----------------|----|-----|---|-------|-------|----------|----------|----------|----------|--------------------|-------------------|
| IDENTIFICATION |    |     |   |       |       | FAC NO 1 | FAC NO 2 | FAC NO 3 | FAC NO 4 | DATE OF INSPECTION | INSPECTING AGENCY |
| C              | CO | MUN | T | EST   | CASE  | 14-16    | 14-16    | 14-16    | 14-16    | 17-22              | 23-25             |
| A              | 45 | 68  | 9 | 10-11 | 12-13 |          |          |          |          |                    |                   |
| X              |    |     |   |       |       |          |          |          |          |                    |                   |

|               |  |               |            |     |     |    |             |           |
|---------------|--|---------------|------------|-----|-----|----|-------------|-----------|
| FACILITY NAME |  | DIS VOL (MGD) | COMPLIANCE |     |     |    | PERMIT COMP | OPER STAT |
|               |  |               | FED        | INT | FAC | OP |             |           |
|               |  | 49-52         | 56         | 57  | 58  | 69 | 70          | 71-72     |

|  |  |
|--|--|
| PERSON INTERVIEWED (SIGNATURE)<br>Thomas O. Hoppel |  |
| TITLE AND DATE<br>WQS 4-14-81                      |  |

USE BLACK INK ONLY) CENTRAL OFFICE





ORIGINAL  
(Red)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD004374955

December 23, 1980

GTE Products Corp.  
Mr. Thomas Hoppel  
3103 Pleasant Valley Blvd.  
Altoona, Pa. 16603

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.



## Section A: National Data System Coding

Transaction Code

NPDES

yr/mo/day

Inspection Type

ORIGINAL  
(Red)

Inspector

Fac Type

1 M 2 53 PA 01111244 1112 880218 1718 R19 520 2

## Section B: Facility Data

Name and Location of Facility Inspected

Phillips ECG, Inc

Entry Time/Date

1040 2/18/88

Permit Effective Date

2/26/873101 Pleasant Valley Blvd

Municipality

Altoona

County

Blair

Exit Time/Date

1110 2/18/88

Permit Expiration Date

2/26/92

Name, Address of Responsible Official

RN Tsacke, Plt Mgr

Title

Plt Mgr3101 Pleasant Valley Blvd

Telephone

814/943-1126

Contacted

Yes ☐No ☒Altoona, Pa. 16603

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, I = Improvement Needed, U = Unsatisfactory, D = Does Not Apply, Blank = Not Evaluated)

|                              |                               |                                 |
|------------------------------|-------------------------------|---------------------------------|
| <u>S</u> Permit Verification | _____ Flow Measurement        | _____ Effluent/Receiving Waters |
| _____ Compliance Schedule    | _____ Laboratory/QA           | _____ Operation/Maintenance     |
| _____ Records/Reports        | _____ Self-Monitoring Program | _____ Pretreatment              |
| _____ Other (Specify): _____ |                               |                                 |

## Section D: Summary of Violations/Recommendations/Comments (Attach additional sheets if necessary)

plant samples at manhole on their property - still use  
old reporting forms  
combined outfall flow at stream is clear - no oil visible

Inspector Name

Alice Kline

Inspector Signature

Alice Kline

Title

WQSDate 2/18/88Telephone  
814/946-7290

Name of Person Interviewed

Signature of Person Interviewed

X Christ P. Karakostas

Title

Project B  
Eng. - 2/24

Date

Telephone

THIS DOCUMENT IS OFFICIAL NOTIFICATION THAT A REPRESENTATIVE OF THE DEPARTMENT OF ENVIRONMENTAL RESOURCES, BUREAU OF WATER QUALITY MANAGEMENT, INSPECTED THE ABOVE FACILITY. THE FINDINGS OF THIS INSPECTION ARE SHOWN ABOVE AND ON ANY ATTACHED PAGES.

ANY VIOLATIONS WHICH WERE UNCOVERED DURING THE INSPECTION ARE INDICATED. VIOLATIONS MAY ALSO BE DISCOVERED UPON EXAMINATION OF THE RESULTS OF LABORATORY ANALYSES OF THE DISCHARGE AND REVIEW OF DEPARTMENT RECORDS. NOTIFICATION WILL BE FORTHCOMING, IF SUCH VIOLATIONS ARE NOTED

Philips ECG

ORIGINAL  
(Red)

Philips ECG, Inc.  
3101 Pleasant Valley Boulevard  
Altoona PA 16603  
(814) 943-1126

March 25, 1986

Mr. George C. Boliski  
Pretreatment Coordinator  
Department of Streets & Public Improvement  
City Hall,  
Altoona, PA 16603

Dear George:

This is to inform you that we are in the process of applying for a permit from the Department of Environmental Resources, Commonwealth of Pennsylvania, to discharge cooling water into the Mill Run Stream. This is non-contact water and is not contaminated by our manufacturing process.

We have been doing this under Permit No. PA0111244. This permit expires in November of this year and we would like to renew it.

I am also writing, as you suggested, to Mr. J. E. Adams - Township Coordinator - and to the County Commissioners, Blair County.

Enclosed are copies of the notification that I have written to them.

I would appreciate receiving written acknowledgment from you that you have received this correspondence and that all is in order.

Thank you for your cooperation.

Sincerely,

*Crist P. Karakantas*

Crist P. Karakantas

ml

DER  
WATER QUALITY MANAGEMENT

MAY 8 1986

HARRISBURG REGION



ORIGINAL  
(Red)

PUBLIC NOTICE

Application for National Pollutant Discharge Elimination  
System (NPDES) Permit to Discharge to State Waters

Harrisburg Regional Office: Regional Water Quality Manager, One Ararat  
Boulevard, Harrisburg, PA 17110, Telephone: (717) 657-4590

Application No. PA 0111244, Industrial Waste, Philips ECG, Inc., 3101 Pleasant  
Valley Blvd., Altoona, PA 16603.

This application is for renewal of an NPDES permit for an existing discharge  
of treated non-contact cooling water in the City of Altoona, Blair County.

The receiving stream is classified for warm water fishery, recreation, water  
supply, and aquatic life. The existing potable water supply intake considered  
during the evaluation was at the Dauphin Consolidated Water Company located in  
Harrisburg, PA.

The proposed effluent limits for Outfall 001 for a daily flow of 0.06 MGD are:

| <u>Parameter</u> | <u>Average<br/>Monthly<br/>(mg/l)</u> | <u>Maximum<br/>Daily<br/>(mg/l)</u> | <u>Instantaneous<br/>Maximum<br/>(mg/l)</u> |
|------------------|---------------------------------------|-------------------------------------|---|
| Flow (MGD)       | Shall be reported                     |                                     |   |
| Oil and Grease   | 15                                    |                                     | 30  |
| Temperature °F   | Shall be monitored                    |                                     |   |
| pH               | 6.0 to 9.0                            |                                     |   |

The EPA waiver is in effect.

DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WATER QUALITY MANAGEMENT  
POLLUTION REPORT  
(Effect of Discharges on Receiving Waters)

Page 1 of 1

ORIGINAL  
(Red)

PROJECT DESCRIPTION: (Facilities) ☐ New Discharge ☐ Change  
☒ Renewal ☐ Preliminary

A. Application/Permit No. PA 0111244  
B. Applicant, Case Name or Permittee Philips ECG  
Municipality Altoona City County Blair Co.  
C. Type Waste ☐ Sewage D. ☐ Design Year \_\_\_\_\_  
☒ Industrial Waste E. ☐ Wastewater Flow 0.06 MGD;  
☐ Mine Drainage ☐ Load Characteristics Attached  
F. USGS - Holidaysburg Latitude 40° 29' 04" Longitude 78° 24' 10"  
File Code 7-10-4 Inches 'N' \_\_\_\_\_ Inches 'W' \_\_\_\_\_

WATER USES AND CRITERIA: (Planning/Water Quality)

G. Receiving Waters Mill Run; D.A. 13.2 sq. mi.; Flow 1.61 cfs

Water Uses Protected:

Exceptions To Specific Criteria:

☐ WWF (Chapter 93) List N ☒ None  
☐ Dry Stream ☐ Add \_\_\_\_\_  
☐ Impoundment ☐ Delete \_\_\_\_\_  
☐ Other (Explain)

H. Secondary Water Beaverdam Br.; D.A. 37.6 sq. mi.; Flow 4.6 cfs

Water Uses Protected

Exceptions To Specific Criteria:

☒ WWF (Chapter 93) List N ☒ None  
☐ Dry Stream ☐ Add \_\_\_\_\_  
☐ Impoundment ☐ Delete \_\_\_\_\_  
☐ Other (Explain)

APPROVALS

I. Facilities Section: Edward C. Conner Date 6/3/86  
J. Reviewer Martin L. Ferry Date 9/5/86  
Planning/WQ \_\_\_\_\_ Date \_\_\_\_\_  
Regional Geologist/WQ \_\_\_\_\_ Date \_\_\_\_\_  
Chief St. Roger M. Mueselma Date 9/8/86  
Planning/WQ \_\_\_\_\_ Date \_\_\_\_\_



The nearest downstream PWS intake is Dauphin Consolidated Water Co. near Harrisburg. The  $Q_{7-10}$  at the Harrisburg gage is 4100 cfs. The discharge will not impact the water intake.

The D.A. of Mill Run from the Gazetteer is 13.2 sq. miles. There are no tributaries between the discharge and the mouth so 13.2 will be used to calculate streamflows. From the Altoona AT survey the  $Q_{7-10}$  runoff rate is .122 cfs/sq. mi.

$$Q_{7-10} = 13.2 \times .122 = 1.61 \text{ cfs} = 1.04 \text{ MGD}$$

The cooling water goes to a storm sewer which discharges to Mill Run. The discharge is about 1200' from the plant on a straight line. Recommend setting the thermal limit as temperature because of the distance ~~from~~ <sup>between</sup> the plant and other flows which may be in the storm sewer.

From Street, the average monthly stream temperature at W&N 252 (Beaverdam Branch near mouth) is  $18.7^{\circ}\text{C}$  and the std. deviation is 2.83 during September which is the critical month. When setting thermal limits in temperature, the average minimum stream temperature is to be used which = mean temp. - 1.282 (std. dev.)

$$= 18.7 - 1.282(2.83) = 15^{\circ}\text{C} = 59^{\circ}\text{F}$$

Mill Run has a maximum stream temperature of  $87^{\circ}\text{F}$  which allows a full  $5^{\circ}\text{F}$  rise year round.

ORIGINAL  
(Red)

Hazardous Waste Quantity Notification

Business Name PHILIPS ECG., INC.  
Business Address 3101 PLEASANT VALLEY BLVD.  
ALTOONA, PA. 16603  
EPA ID Number PAD004374955

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☒ 253

1000 kg/month or more ☐

Cost P. Karakostas

Signature and Title

Project Engineer



|   |  |  |  |  |                                   |                                    |      |                                     |      |
|---|--|--|--|--|-----------------------------------|------------------------------------|------|-------------------------------------|------|
| NAME<br><i>Albion</i>   |  | LOCATION (CITY/STATE/ROUTE)<br><i>Pleasant Valley Blvd</i>                           |  | COUNTY<br><i>Pike</i>                                  | MUNICIPALITY<br><i>Logansport</i> | ACRES UNDER PERMIT<br><i>7.6</i>   |      | ACRES AS RECORDED<br><i>7.6</i>     |      |
| OWNER<br><i>Thomas</i>  |  | VALID CERTIFICATE POSTED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  | TELEPHONE NO.<br><i>943-1126</i>                       |                                   | POP SERVED<br><i>1</i>             |      | INDUSTRIAL PRODUCTS<br><i>2</i>     |      |
| ADDRESS<br><i>3101 Pleasant Valley Blvd</i>                         |  | ADDRESS  |  | TELEPHONE NO.  |                                   | TELEPHONE NO.                      |      | VIOLATIONS                          |      |
| STRENT PROCESS<br><i>Wastewater</i>                                 |  | NUMBER OF UNITS<br>TOT IN OP   |  | REMARKS<br><i>Only cooling water is discharged.</i>    |                                   |                                    |      | LAW, REGULATIONS OR PERMIT NO. ETC. |      |
| SAMPLING POINT<br><i>Upstream behind sandhouse</i>                  |  | WSW QUALITY REPORT NUMBER  |  | pH   | CHLOR RES                         | COLOR                              | ODOR | TEMP<br><i>74°F</i>                 | D.O. |
| SPEC COND.  |  | AVG. DAILY FLOW (MGD)<br><i>0.150</i>  |  | RECEIVING STREAM APPEARANCE<br>NAME<br><i>Mill Run</i> |                                   | DATE OF INSPECTION<br><i>17-22</i> |      | INSPECTING AGENCY<br><i>23-25</i>   |      |
| IDENTIFICATION<br>OP MUN T EST CASE<br><i>4-5 6-8 9 10-11 12-13</i> |  | FAC NO. 1<br><i>14-16</i>  |  | FAC NO. 2<br><i>14-16</i>                              |                                   | FAC NO. 3<br><i>14-16</i>          |      | FAC NO. 4<br><i>14-16</i>           |      |
| FACILITY NAME   |  | DIS VOL (MGD)<br><i>1500</i>   |  | COMPLIANCE<br>FED INT FAC OP<br><i>66 67 68 69</i>     |                                   | PERMIT COMP<br><i>70</i>           |      | OPER STAT<br><i>71-72</i>           |      |
| PERSON INTERVIEWED (SIGNATURE)<br><i>J. H. Thomas</i>               |  | TITLE AND DATE<br><i>1/10/71</i>   |  | INVESTIGATOR (SIGNATURE)<br><i>J. H. Thomas</i>        |                                   | TITLE AND DATE<br><i>1/10/71</i>   |      | DATE AND DATE<br><i>1/10/71</i>     |      |